

# Idaho Management and Accountability System Intake Form

Site Name: ABE ESL

(\*Required Fields)

\*Social Security #:

IMAS ID # if applicable \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

\*First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*County: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Ethnicity:

☐ Hispanic or Latino **or** ☐ Not Hispanic or Latino  
IF NOT Hispanic or Latino chose one of the following:

- ☐ American Indian or Alaskan Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander  
☐ White  
☐ Two or more races

\*Gender: ☐ Female ☐ Male

\*Home Phone: (\_\_\_\_) \_\_\_\_\_

\*Emergency Contact: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Native Language: ☐ English ☐ Non-English \_\_\_\_\_

\*Date of Enrollment: \_\_\_\_\_

\*Last Grade Completed: \_\_\_\_\_

\*Living Area: ☐ Rural ☐ Urban

\*Employment: ☐ Full Time ☐ Part Time  
☐ Unemployed  
☐ Not in Labor Market

## STATUS

Please check any that apply:

On Public Assistance ☐ Physical Disability ☐  
Learning Disability ☐ Low Income ☐  
Displaced Homemaker ☐ Single Parent ☐  
Dislocated Worker ☐

Intake Person \_\_\_\_\_

Referring Agency:

☐ Dept of Cor. ☐ Com.based Lit.Org.  
☐ One-Stop/Workforce Ctr ☐ EWS  
☐ Dept of H and W ☐ Idaho Com and Labor  
☐ Employment and Training Program  
☐ Faith-based organization  
☐ Other: \_\_\_\_\_ ☐ None

## CORE INDICATORS & REASONS

Core Indicators (choose 1 or 2)

☐ Enter Employment ☐ Retain Employment  
☐ Obtain GED/HSE ☐ Enter postsecondary education or training

Instructional Goals

☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Recruitment: How did you hear about this program?

☐ Friend or family member  
☐ Newspaper or magazine  
☐ Employer  
☐ Radio or TV  
☐ Web site  
☐ None  
☐ Other \_\_\_\_\_

I give permission for the information collected in the Idaho Management and Accountability System (IMAS) to be used in data sharing within the Idaho Department of Commerce and Labor and with the Idaho Department of Education and with the GED Testing Services. I understand that the ABE program will protect my confidentiality and that at no time will this information be given to any other party without my express consent.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **PRETEST**

Test Form 9/10

Level Test Score Date

TABE Reading			
TABE Math			
TABE Language			
CASAS Reading			
CASAS Listening			

# **POST TEST**

Test Form 9/10

Level Test Score Date

TABE Reading			
TABE Math			
TABE Language			
CASAS Reading			
CASAS Listening			
TABE Reading			
TABE Math			
TABE Language			
CASAS Reading			
CASAS Listening			

Separation Date: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_  
(optional)

<b>Follow-up Outcome Measures</b>	<b>Date of Accomplishment</b>	<b>Documentation</b>
Entered Employment		Yes No
Retained or Improved Employment		Yes No
Obtained a GED or High School Diploma		Yes No
Entered Postsecondary Education or Training		Yes No

## **Instructional Goals revisited:**

Goal	Date	Teacher/Staff Name

Class Name	Date Enrolled